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CONFIRMATION NO. 5703

<b>SERIAL NUMBER</b> 10/711,704	<b>FILING OR 371(c) DATE</b> 09/30/2004 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3775	<b>ATTORNEY DOCKET NO.</b> 101896-0283
<b>APPLICANTS</b> Sean P. Selover, Tiverton, RI; Nancy M. Sheehy, South Boston, MA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/738,130 12/16/2003 PAT 7,527,638				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 11/13/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> RI	<b>SHEETS DRAWING</b> 23	<b>TOTAL CLAIMS</b> 24
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 27777				
<b>TITLE</b> METHODS AND DEVICES FOR MINIMALLY INVASIVE SPINAL FIXATION ELEMENT PLACEMENT				
<b>FILING FEE RECEIVED</b> 1620	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	